

APPLICATION FORM

ALS POSTDOCTORAL FELLOWSHIP PROGRAM

Checklist for applicants

- ☐ Application form
- ☐ Résumé with list of publications
- ☐ Research plan (2-3 pages)
- ☐ 3 letters of recommendation

Send all materials to

ALS Postdoctoral Fellowship Program
c/o Adriana Reza
Lawrence Berkeley National Laboratory
1 Cyclotron Road, M/S 6R2100
Berkeley, CA 94720
areza@lbl.gov, fax: (510) 495-2067

Name (in full) _____
First Middle Last

Address _____

Telephone () _____ Email _____

Are you a U.S. citizen or resident alien, or do you have authorization to study and work in the U.S.? Y N

_____ Date PhD completed Institution granting PhD Discipline

Please give an informative title or brief abstract of your proposed research.

Area of discipline of the proposed research _____

How did you learn about the fellowship?

_____ ALS staff _____ Journal advertisement _____ ALS Web site
_____ Other _____

Are you applying for other grants or fellowships? Y N

If "yes," please specify _____

State the name and affiliation of the ALS sponsor who has agreed to serve as your mentor.

_____ Name Title

I hereby certify that the information in this application is complete and accurate. I understand that misrepresentation of any portion of this application may be cause to cancel the appointment.

_____ Applicant's Signature (not required for electronic applications) Date

For electronic applications, please export the form data (select File/Export/Form data... and make sure you've selected the same directory that contains the original form) and email the resulting .fdf file with your other materials. Saving the form file after filling it in will only save a blank copy of the form.